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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Benny T. Lee
Art Unit: 2817

DATE: May 14, 2002FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 3

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MESSAGE:RE: U.S. Patent Application Serial No.: 09/709,098; Our Ref. 81707.0164 **FAX COPY RECEIVED**

I hereby certify that the following documents:

MAY 14 2002

Response to Restriction Requirement
Amendment Transmittal Letter

TECHNOLOGY CENTER 2800

are being facsimile transmitted to the Commissioner for Patents, Washington, D.C. 20231, for filing in the above application.

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Diane Zynn
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TELECOPY/FAX NUMBER: 703-872-9318CLIENT NUMBER: 81707.0164ATTORNEY BILLING NUMBER: 1966CONFIRMATION NUMBER: (703) 308-4902 (please return fax to Diane Zynn)

FORM PTO-1083

81707.0164

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Naoyuki SHINO et al.

Art Unit: 2817
Examiner: Benny T. Lee

Serial No: 09/709,098
Filed: November 10, 2000
For: WIRING BOARD

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Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	9	-	20 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: May 14, 2002

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